

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

RECEIVED

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Expires:

May 31, 2002 Estimated Average burden

SEC USE ONLY

hours per form 20016.00

AUG 20

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION Prefix Serial DATE RECEIVED

| Name of Offering (check if this is an AQR Institutional Currency Fund, L.P.: | amendment and name ha Offering of Limited Par | | - / | | |
|---|---|--------------------------------|------------------------------------|------------------|-----------------------------|
| Filing Under (Check box(es) that apply): | ☐ Rule 504 | ☐ Rule 505 | X Rule 506 | ☐ Section 4(6) | ULOE |
| Type of Filing: New Filing | ☐ Amendment | | | | |
| | A. I | BASIC IDENTIF | ICATION DATA | | |
| 1. Enter the information requested about the | e issuer | | | | |
| Name of Issuer (check if this is an | amendment and name ha | is changed, and in | dicate change.) | | |
| AQR Institutional Currency Fund, L.P. | | - | | | |
| Address of Executive Offices | (Numbe | r and Street, City, | State, Zip Code) | Telephone Number | r (Including Area Code) |
| c/o AQR Capital Management II, LLC, 9 | 00 Third Avenue, 17th F | loor, NY, NY 10 | 022 | (212) 940-3600 | |
| Address of Principal Business Operations | (Numbe | r and Street, City, | State, Zip Code) | Telephone Number | r (Including Area Code) |
| (if different from Executive Offices) | | | | | |
| Brief Description of Business To o | perate as a private inves | tment fund. | | | |
| Type of Business Organization | | | | | DDOCEOC: |
| ☐ corporation | Ilimited partnersh | ip, already formed | i | other (please | specify): |
| ☐ business trust | ☐ limited partnership | , to be formed | | | AUG 2 9 2007 |
| Actual or Estimated Date of Incorporation o Jurisdiction of Incorporation or Organizatio | · · | Month 0 6 Postal Service Abb | Year 20 02 Direviation for State | | Estimated THOMSO. FINANCIA. |
| | CN for Canada; FN | | | | DE |

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

| | | A. BASIC IDEN | TIFICATION DATA | | |
|---|-------------------------|--|-------------------------------------|------------------------|---------------------------------------|
| 2. Enter the information | n requested for the fo | ollowing: | | | |
| Each promoter of the | ne issuer, if the issue | r has been organized within the | past five years; | | |
| Each beneficial own | ner having the power | to vote or dispose, or direct the | e vote or disposition of, 10% or | more of a class of ed | quity securities of the issuer; |
| Each executive office | cer and director of co | orporate issuers and of corporat | e general and managing partner | s of partnership issue | ers; and |
| Each general and m | nanaging partner of p | artnership issuers. | | | |
| Check Box(es) that Apply: | X Promoter | ☐ Beneficial Owner | ☐ Executive Officer | ☐ Director | General and/or Managing Partner |
| Full Name (Last name first, if ir | idividual) | | | | 0.8 |
| AQR Capital Management II, | LLC | ("AQR II") | | | |
| Business or Residence Address | | | | | |
| 900 Third Avenue, 17th Floor, | New York, NY 100 | 022 | | | |
| Check Box(es) that Apply: | X Promoter | Beneficial Owner of AQR II | Executive Officer of AQR II | ☐ Director | General and/or Managing Partner |
| Full Name (Last name first, if in | idividual) | | | | 388 |
| Asness, Clifford S., Ph.D. | | | | | |
| Business or Residence Address | (Number and Stree | et, City, State, Zip Code) | | | |
| c/o AQR Capital Managemen | HILLO OND THE | d Avenue 17 th Floor New Vo | rk NV 10022 | | |
| Check Box(es) that Apply: | Promoter | Beneficial Owner | X Executive Officer | Director | General and/or |
| E 11 M (T | 1: 11 15 | of AQR II | of AQR II | | Managing Partner |
| Full Name (Last name first, if ir | idividual) | | | | |
| Krail, Robert J. | | | | | |
| Business or Residence Address | (Number and Stree | t, City, State, Zip Code) | | | |
| c/o AQR Capital Managemen | t II, LLC, 900 Thir | d Avenue, 17 th Floor, New Yo | rk, NY 10022 | | |
| Check Box(es) that Apply: | Promoter | Beneficial Owner | Executive Officer Of AQR II | ☐ Director | General and/or Managing Partner |
| Full Name (Last name first, if it | ndividual) | | | | |
| Liew, John M., Ph.D. | | | | | |
| Business or Residence Address | (Number and Stree | et, City, State, Zip Code) | | | |
| c/o AQR Capital Managemen | t II, LLC, 900 Thir | d Avenue, 17 th Floor, New Yo | rk, NY 10022 | | |
| Check Box(es) that Apply: | ☐ Promoter | ☐ Beneficial Owner | Executive Officer of AQR II | ☐ Director | General and/or Managing Partner |
| Full Name (Last name first, if in | ndividual) | | | | |
| Asness, Bradley David | | | | | |
| Business or Residence Address | (Number and Stree | t, City, State, Zip Code) | | | |
| c/o AQR Capital Management | t II, LLC, 900 Thir | d Avenue, 17 th Floor, New Yo | rk, NY 10022 | | |
| Check Box(es) that Apply: | ☐ Promoter | ☐ Beneficial Owner | ☐ Executive Officer | ☐ Director | General and/or Managing Partner |
| Full Name (Last name first, if in | dividual) | | | | |
| Business or Residence Address | (Number and Stree | t, City, State, Zip Code) | | | |
| | | | | | |
| | (Use b | lank sheet, or copy and use add | litional copies of this sheet, as r | necessary.) | · · · · · · · · · · · · · · · · · · · |

| _ | | | | | B. | INFORM | IATION . | ABOUT (| OFFERIN | G | | | | | |
|---------------------|---|-----------------------------|------------------------------|--------------|--------------------------|----------------------------|--------------------------------|-------------------------------|---|----------------------------|------------------------------------|--------------|--------------|---------|------|
| | | | | | | | | | | | | | - | Yes | No |
| 1. | Has the issue | sold, or do | es the issue | r intend to | sell, to nor | -accredited | investors i | n this offer | ing? | | | | | | X |
| | | | | | | | | | ling under (| | | | | | |
| 2. | What is the m | inimum in | vestment the | at will be a | ccepted fro | m any indi | vidual? | | | | \$ 5,000,000* eral Partner Yes No | | | | |
| | | | | | | | | * Subjec | t to waiver | by Genera | al Partner | | | Yes | No |
| | - 1 m | | | | | | | | | | | | | | |
| 3. | | | | | - | | | | | | | | | | Ш |
| 4. | remuneration | for solicita ker or deal | tion of pure er registere | hasers in o | connection SEC and/or | with sales of with a state | of securities se or states, | s in the offe list the nar | ering. If a property and the property and the property and the property are also because the property and the property and the property and the property are also because the property and the property and the property and the property are also because the property and the property and the property are also because the property are also because the property and the property are also because the | person to b oker or dea | e listed is a iler. If mor | n associate | d person of | r | |
| Ful | l Name (Last na | me first, if | individual) | | | | | | | | | | | | |
| No | | | | | | | | | | | | | | | |
| Bus | siness or Reside | nce Addres | s (Number | and Street, | City State, | Zip Code) | | | | | | | | | |
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| Naı | ne of Associated | d Broker or | Dealer | | | | | | | | | | | | |
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| Sta | tes in Which Pe | rson Listed | Has Solicit | ed or Inten | ds to Solici | t Purchaser | s | | | | | | | | |
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| | [MT] | [NE] | [NV] | [NH] | [NJ] | [NM] | [NY] | [NC] | [ND] | [OH] | | | | | |
| Ful | [RI] l Name (Last na | [SC] me first, if | [SD] individual) | [TN] | [TX] | [UT] | [VT] | [VA] | [WA] | [WV] | [WI] | [WY] | [PK] | | |
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| Bus | siness or Reside | nce Addres | s (Number a | and Street, | City State, | Zip Code) | | | | | | | | | |
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| Nai | me of Associate | d Broker or | Dealer | | ···· | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| Sta | tes in Which Per | rson Listed | Has Solicit | ed or Inten | ds to Solici | t Purchaser | <u> </u> | | | | | | | | |
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| | [MT] | [NE] | [NV] | [NH] | [NJ] | [NM] | [NY] | [NC] | [ND] | [OH] | | - | | | |
| E.J | [RI] | [SC] | [SD] | [TN] | [TX] | [UT] | [VT] | [VA] | [WA] | [WV] | [WI] | [WY] | [PR] | | |
| rui | l Name (Last na | me mst, n | muividuai) | | | | | | | | | | | | |
| Bus | siness or Reside | nce Addres | s (Number : | and Street. | City State. | Zin Code) | | | ···· | | | | | | |
| <i>D</i> u . | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | ileo i radios | o (riumoeri | and onco, | eng enano, | Esp code, | | | | | | | | | |
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| ivai | ne of Associated | I Broker of | Dealer | | | | | | | | | | | | |
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| Sta | tes in Which Per | rson Listed | Has Solicit | ed or Intend | ds to Solici | t Purchaser | s | | | | | | | | |
| | (Check "A | Il States" o | r check indi | vidual Stat | es) | | ••, | ***** | | | | | | All St | ates |
| | [AL] | [AK] | [AZ] | [AR] | [CA] | [CO] | [CT] | [DE] | [DC] | [FL] | [GA] | [HI] | [ID] | | |
| | [IL] | [IN] | [IA] | [KS] | [KY] | [LA] | [ME] | [MD] | [MA] | [MI] | [MN] | [MS] | [MO] | | |
| | [MT] [RI] | [NE] [SC] | [NV] [SD] | [NH] [TN] | [NJ] [TX] | [NM] [UT] | [NY] [VT] | [NC] [VA] | [ND] [WA] | [OH] [WV] | [OK] [WI] | [OR] [WY] | [PA] [PR] | | |

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\Darksigma \) and indicate in the columns below the amounts of securities offered for exchange and already exchanged. Aggregate Amount Already Offering Price Type of Security Sold Debt \$ ☐ Common ☐ Preferred Partnership Interests \$500,000,000 6,550,000 Other (Specify:\$_ Total \$500,000,000 6,550,000 Answer also in Appendix, Column 3, if filing under ULOE. 2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Aggregate Number Dollar Amount Investors of Purchases 6__ 6,550,000 Accredited Investors ______ Non-accredited Investors _______ 0 N/A N/A Answer also in Appendix, Column 4, if filing under ULOE. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1. Dollar Amount Type of offering Type of Security Sold Rule 505 _________ N/A N/A Regulation A. N/A N/A Rule 504 N/A N/A N/A N/A Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees Printing and Engraving Costs 0 \boxtimes Legal Fees 50,000 Accounting Fees \mathbf{X} 15,000 Engineering Fees Sales Commissions (specify finders' fees separately).... 0 Other Expenses (identify) (marketing; travel; blue sky filing fees) 10,000 75,000* Total

^{*} Includes initial costs only.

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

| | and total expenses furnished in response to Par | ate offering price given in response to Part C - Question 1 t C - Question 4.a. This difference is the "adjusted gross | | \$499,925,000 | | | | |
|----------------------|---|---|---|--|-------------------------|--|--|--|
| 5. | of the purposes shown. If the amount for any pu | proceeds to the issuer used or proposed to be used for each prose is not known, furnish an estimate and check the box ments listed must equal the adjusted gross proceeds to the 4.b above. | | | | | | |
| | | | | Payments to Officers, Directors, and Affiliates | Payments to Others | | | |
| | Salaries and fees | | X | \$ <u>(1)</u> | □ \$ | | | |
| | Purchase of real estate | | | \$ | □ \$ | | | |
| | Purchase, rental or leasing and installation of ma | chinery and equipment | | \$ | S | | | |
| | Construction or leasing of plant buildings and fa | cilities | | \$ | □s | | | |
| | Acquisition of other businesses (including the variate may be used in exchange for the assets or securit | lue of securities involved in this offering that ies of another issuer pursuant to a merger) | | \$ | □ s | | | |
| | Repayment of indebtedness | | | \$ | □ \$ | | | |
| | Working capital | | | \$ | □ \$ | | | |
| | Other (specify): Investments | | | \$ | × \$499,925,000 | | | |
| | Column Totals | | X | \$(1) | × \$499,925,000 | | | |
| | Total Payments Listed (column totals added) | | | X \$ <u>49</u> | 9,925,000 | | | |
| 1) | AQR Capital Management, LLC, the Investment Manager, will be entitled to receive quarterly management fees calculated at a rate equal to the amount reflected in the Issuer's Private Placement Memorandum. The General Partner will be entitled to receive an annual performance allocation equal to 20% of the net profits (after deduction of all expenses) allocated to each Limited Partner in excess of such Limited Partner's share of any net losses from earlier years that have not been fully recovered out of subsequent net profits. | | | | | | | |
| | 1035C3 Holli Cartter years that have not been to | ny recovered out of subsequent net profits. | | | | | | |
| | 1035CS Holli Cartter years that have not been to | D. FEDERAL SIGNATURE | | | | | | |
| n ur | ssuer has duly caused this notice to be signed by the | D. FEDERAL SIGNATURE ne undersigned duly authorized person. If this notice is filed rities and Exchange Commission, upon written request of it | | | | | | |
| n ur ny r | ssuer has duly caused this notice to be signed by the dertaking by the issuer to furnish to the U.S. Secu | D. FEDERAL SIGNATURE ne undersigned duly authorized person. If this notice is filed rities and Exchange Commission, upon written request of it | | | | | | |
| n ur ny r ssue | ssuer has duly caused this notice to be signed by the dertaking by the issuer to furnish to the U.S. Securon-accredited investor pursuant to paragraph (b)(2) | D. FEDERAL SIGNATURE ne undersigned duly authorized person. If this notice is filed rities and Exchange Commission, upon written request of it) of Rule 502. | | the information furn | | | | |
| n ur ny r ssue | ssuer has duly caused this notice to be signed by the dertaking by the issuer to furnish to the U.S. Seculon-accredited investor pursuant to paragraph (b)(2). (Print or Type) | D. FEDERAL SIGNATURE ne undersigned duly authorized person. If this notice is filed rities and Exchange Commission, upon written request of it) of Rule 502. | | the information furn | nished by the issuer to | | | |

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)